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STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
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BEFORE THE
PHYSICIAN ASSISTANT BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

SARAH JOI CRAFT
1948 Main Street
Fortuna, CA 95540

Physician Assistant License No. PA 18737

Respondent.

Case No. 950-2013-000075

OAH No.

A C C U S A T I O N

Complainant alleges:

PARTIES

1. Maureen L. Forsyth (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Physician Assistant Board, Department of Consumer Affairs.

2. On or about November 15, 2006, the Physician Assistant Board issued Physician Assistant License No. PA18737 to Sarah Joi Craft (Respondent). The Physician Assistant License was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2018, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Physician Assistant Board (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 3527 of the Code provides that the board may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon a physician assistant license for unprofessional conduct.

5. Section 3502¹ of the Code states:

“(a) Notwithstanding any other provision of law, a physician assistant may perform those medical services as set forth by the regulations adopted under this chapter when the services are rendered under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant.

“(b) Notwithstanding any other provision of law, a physician assistant performing medical services under the supervision of a physician and surgeon may assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon. A physician assistant who assists a doctor of podiatric medicine pursuant to this subdivision shall do so only according to patient specific orders from the supervising physician and surgeon.

“The supervising physician and surgeon shall be physically available to the physician assistant for consultation when such assistance is rendered. A physician assistant assisting a doctor of podiatric medicine shall be limited to performing those duties included within the scope of practice of a doctor of podiatric medicine.

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¹ Business and Professions Code section 3502 was amended by Stats. 2015, Ch. 536, Sec. 2. Effective January 1, 2016.

1 “(c)

2 (1) A physician assistant and his or her supervising physician and surgeon shall establish
3 written guidelines for the adequate supervision of the physician assistant. This requirement may
4 be satisfied by the supervising physician and surgeon adopting protocols for some or all of the
5 tasks performed by the physician assistant. The protocols adopted pursuant to this subdivision
6 shall comply with the following requirements:

7 “(A) A protocol governing diagnosis and management shall, at a minimum, include
8 the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or
9 assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and
10 education to be provided to the patient.

11 “(B) A protocol governing procedures shall set forth the information to be provided
12 to the patient, the nature of the consent to be obtained from the patient, the preparation and
13 technique of the procedure, and the follow up care.

14 “(C) Protocols shall be developed by the supervising physician and surgeon or
15 adopted from, or referenced to, texts or other sources.

16 “(D) Protocols shall be signed and dated by the supervising physician and surgeon
17 and the physician assistant.

18 “(2) The supervising physician and surgeon shall review, countersign, and date a sample
19 consisting of, at a minimum, 5 percent of the medical records of patients treated by the physician
20 assistant functioning under the protocols within 30 days of the date of treatment by the physician
21 assistant. The physician and surgeon shall select for review those cases that by diagnosis,
22 problem, treatment, or procedure represent, in his or her judgment, the most significant risk to the
23 patient.

24 “(3) Notwithstanding any other provision of law, the Medical Board of California or board
25 may establish other alternative mechanisms for the adequate supervision of the physician
26 assistant.

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1 “(d) No medical services may be performed under this chapter in any of the following
2 areas:

3 “(1) The determination of the refractive states of the human eye, or the fitting or adaptation
4 of lenses or frames for the aid thereof.

5 “(2) The prescribing or directing the use of, or using, any optical device in connection with
6 ocular exercises, visual training, or orthoptics.

7 “(3) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to,
8 the human eye.

9 “(4) The practice of dentistry or dental hygiene or the work of a dental auxiliary as defined
10 in Chapter 4 (commencing with Section 1600).

11 “(e) This section shall not be construed in a manner that shall preclude the performance of
12 routine visual screening as defined in Section 3501.”

13 6. Section 3502.1 of the Code states:

14 “(a) In addition to the services authorized in the regulations adopted by the Medical Board
15 of California, and except as prohibited by Section 3502, while under the supervision of a licensed
16 physician and surgeon or physicians and surgeons authorized by law to supervise a physician
17 assistant, a physician assistant may administer or provide medication to a patient, or transmit
18 orally, or in writing on a patient's record or in a drug order, an order to a person who may
19 lawfully furnish the medication or medical device pursuant to subdivisions (c) and (d).

20 “(1) A supervising physician and surgeon who delegates authority to issue a drug order to a
21 physician assistant may limit this authority by specifying the manner in which the physician
22 assistant may issue delegated prescriptions.

23 “(2) Each supervising physician and surgeon who delegates the authority to issue a drug
24 order to a physician assistant shall first prepare and adopt, or adopt, a written, practice specific,
25 formulary and protocols that specify all criteria for the use of a particular drug or device, and any
26 contraindications for the selection. Protocols for Schedule II controlled substances shall address
27 the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is
28 being administered, provided or issued. The drugs listed in the protocols shall constitute the

1 formulary and shall include only drugs that are appropriate for use in the type of practice engaged
2 in by the supervising physician and surgeon. When issuing a drug order, the physician assistant
3 is acting on behalf of and as an agent for a supervising physician and surgeon.

4 “(b) “Drug order” for purposes of this section, means an order for medication which is
5 dispensed to or for a patient, issued and signed by a physician assistant acting as an individual
6 practitioner within the meaning of Section 1306.02 of Title 21 of the Code of Federal
7 Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this
8 section shall be treated in the same manner as a prescription or order of the supervising physician,
9 (2) all references to ‘prescription’ in this code and the Health and Safety Code shall include drug
10 orders issued by physician assistants pursuant to authority granted by their supervising
11 physicians, and (3) the signature of a physician assistant on a drug order shall be deemed to be the
12 signature of a prescriber for purposes of this code and the Health and Safety Code.

13 “(c) A drug order for any patient cared for by the physician assistant that is issued by the
14 physician assistant shall either be based on the protocols described in subdivision (a) or shall be
15 approved by the supervising physician before it is filled or carried out.

16 “(1) A physician assistant shall not administer or provide a drug or issue a drug order for a
17 drug other than for a drug listed in the formulary without advance approval from a supervising
18 physician and surgeon for the particular patient. At the direction and under the supervision of a
19 physician and surgeon, a physician assistant may hand to a patient of the supervising physician
20 and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon,
21 manufacturer as defined in the Pharmacy Law, or a pharmacist.

22 “(2) A physician assistant may not administer, provide or issue a drug order for Schedule II
23 through Schedule V controlled substances without advance approval by a supervising physician
24 and surgeon for the particular patient unless the physician assistant has completed an education
25 course that covers controlled substances and that meets standards, including pharmacological
26 content, approved by the board. The education course shall be provided either by an accredited
27 continuing education provider or by an approved physician assistant training program. If the
28 physician assistant will administer, provide, or issue a drug order for Schedule II controlled

1 substances, the course shall contain a minimum of three hours exclusively on Schedule II
2 controlled substances. Completion of the requirements set forth in this paragraph shall be
3 verified and documented in the manner established by the board prior to the physician assistant's
4 use of a registration number issued by the United States Drug Enforcement Administration to the
5 physician assistant to administer, provide, or issue a drug order to a patient for a controlled
6 substance without advance approval by a supervising physician and surgeon for that particular
7 patient.

8 “(3) Any drug order issued by a physician assistant shall be subject to a reasonable
9 quantitative limitation consistent with customary medical practice in the supervising physician
10 and surgeon's practice.

11 “(d) A written drug order issued pursuant to subdivision (a), except a written drug order in
12 a patient's medical record in a health facility or medical practice, shall contain the printed name,
13 address, and phone number of the supervising physician and surgeon, the printed or stamped
14 name and license number of the physician assistant, and the signature of the physician assistant.
15 Further, a written drug order for a controlled substance, except a written drug order in a patient's
16 medical record in a health facility or a medical practice, shall include the federal controlled
17 substances registration number of the physician assistant and shall otherwise comply with the
18 provisions of Section 11162.1 of the Health and Safety Code. Except as otherwise required for
19 written drug orders for controlled substances under Section 11162.1 of the Health and Safety
20 Code, the requirements of this subdivision may be met through stamping or otherwise imprinting
21 on the supervising physician and surgeon's prescription blank to show the name, license number,
22 and if applicable, the federal controlled substances registration number of the physician assistant,
23 and shall be signed by the physician assistant. When using a drug order, the physician assistant is
24 acting on behalf of and as the agent of a supervising physician and surgeon.

25 “(e) The medical record of any patient cared for by a physician assistant for whom the
26 physician assistant's Schedule II drug order has been issued or carried out shall be reviewed and
27 countersigned and dated by a supervising physician and surgeon within seven days.

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1 “(f) All physician assistants who are authorized by their supervising physicians to issue
2 drug orders for controlled substances shall register with the United States Drug Enforcement
3 Administration (DEA).

4 “(g) The board shall consult with the Medical Board of California and report during its
5 sunset review required by Division 1.2 (commencing with Section 473) the impacts of exempting
6 Schedule III and Schedule IV drug orders from the requirement for a physician and surgeon to
7 review and countersign the affected medical record of a patient.”

8 7. Section 2234 of the Code states, in pertinent part:

9 “The board shall take action against any licensee who is charged with unprofessional
10 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
11 limited to, the following:

12 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
13 violation of, or conspiring to violate any provision of this chapter.

14 “(b) Gross negligence.

15 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
16 omissions. An initial negligent act or omission followed by a separate and distinct departure from
17 the applicable standard of care shall constitute repeated negligent acts.

18 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for
19 that negligent diagnosis of the patient shall constitute a single negligent act.

20 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
21 constitutes the negligent act described in paragraph (1), including, but not limited to, a
22 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from
23 the applicable standard of care, each departure constitutes a separate and distinct breach of the
24 standard of care.

25 “...”

26 8. California Code of Regulations, title 16, section 1399.540 states:

27 (a) A physician assistant may only provide those medical services which he or she is
28 competent to perform and which are consistent with the physician assistant's education, training,

1 and experience, and which are delegated in writing by a supervising physician who is responsible
2 for the patients cared for by that physician assistant.

3 (b) The writing which delegates the medical services shall be known as a delegation
4 of services agreement. A delegation of services agreement shall be signed and dated by the
5 physician assistant and each supervising physician. A delegation of services agreement may be
6 signed by more than one supervising physician only if the same medical services have been
7 delegated by each supervising physician. A physician assistant may provide medical services
8 pursuant to more than one delegation of services agreement.

9 (c) The committee or division or their representative may require proof or
10 demonstration of competence from any physician assistant for any tasks, procedures or
11 management he or she is performing.

12 (d) A physician assistant shall consult with a physician regarding any task, procedure
13 or diagnostic problem which the physician assistant determines exceeds his or her level of
14 competence or shall refer such cases to a physician.

15 9. California Code of Regulations, title 16, section 1399.545, states:

16 “(a) A supervising physician shall be available in person or by electronic communication at
17 all times when the physician assistant is caring for patients.

18 “(b) A supervising physician shall delegate to a physician assistant only those tasks and
19 procedures consistent with the supervising physician's specialty or usual and customary practice
20 and with the patient's health and condition.

21 “(c) A supervising physician shall observe or review evidence of the physician assistant's
22 performance of all tasks and procedures to be delegated to the physician assistant until assured of
23 competency.

24 “(d) The physician assistant and the supervising physician shall establish in writing
25 transport and back-up procedures for the immediate care of patients who are in need of
26 emergency care beyond the physician assistant's scope of practice for such times when a
27 supervising physician is not on the premises.

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1 “(e) A physician assistant and his or her supervising physician shall establish in writing
2 guidelines for the adequate supervision of the physician assistant which shall include one or more
3 of the following mechanisms:

4 “(1) Examination of the patient by a supervising physician the same day as care is given
5 by the physician assistant;

6 “(2) Countersignature and dating of all medical records written by the physician assistant
7 within thirty (30) days that the care was given by the physician assistant;

8 “(3) The supervising physician may adopt protocols to govern the performance of a
9 physician assistant for some or all tasks. The minimum content for a protocol governing
10 diagnosis and management as referred to in this section shall include the presence or absence of
11 symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate
12 tests or studies to order, drugs to recommend to the patient, and education to be given the patient.
13 For protocols governing procedures, the protocol shall state the information to be given the
14 patient, the nature of the consent to be obtained from the patient, the preparation and technique of
15 the procedure, and the follow-up care. Protocols shall be developed by the physician, adopted
16 from, or referenced to, texts or other sources. Protocols shall be signed and dated by the
17 supervising physician and the physician assistant. The supervising physician shall review,
18 countersign, and date a minimum of 5% sample of medical records of patients treated by the
19 physician assistant functioning under these protocols within thirty (30) days. The physician shall
20 select for review those cases which by diagnosis, problem, treatment or procedure represent, in
21 his or her judgment, the most significant risk to the patient;

22 “(4) Other mechanisms approved in advance by the board.

23 “(f) The supervising physician has continuing responsibility to follow the progress of the
24 patient and to make sure that the physician assistant does not function autonomously. The
25 supervising physician shall be responsible for all medical services provided by a physician
26 assistant under his or her supervision.”

27 10. California Code of Regulations, Title 16, Section 1399.610 describes the elements of
28 a controlled substance education course that should be deemed approved by the board.

11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licentiate to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

DRUGS

12. Methadone – Generic name for the drugs Methadose and others. Methadone is classified as a synthetic opiate agonist and substance abuse agent indicated for the treatment of severe pain, opiate dependence and opiate withdrawal. Methadone is a Federal Schedule II Controlled Substance, as well as a Schedule II Controlled substance in California, pursuant to Health and Safety Code section 11055, subdivision (c)(14). Methadone is a Dangerous Drug as defined by California Business and Professions Code section 4022. Practitioners who use methadone for the treatment of opiate dependence must register and comply with Title 21 United States Code section 823(g).

13. Oxycodone – Generic name for the drug Oxycontin. Oxycodone is a long acting opioid analgesic used to treat moderate to severe pain. It has a higher danger of abuse and can lead to addiction. It is a Schedule II controlled substance, as designated by Health and Safety Code section 11055, subdivision (b)(1)(M), and a close relative of morphine, heroin, codeine, fentanyl, and methadone. It is a dangerous drug within the meaning of Code section 4022.13.

14. Lorazepam – Generic name for Ativan. Lorazepam is a member of the benzodiazepine family and is a fast acting anti-anxiety medication used for the short-term management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

15. Hydrocodone with acetaminophen – Generic name for the drugs Vicodin, Norco, and Lortab/Lorcet. Hydrocodone with acetaminophen is classified as an opioid analgesic

1 combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014,
2 Hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of
3 Federal Regulations Title 21 section 1308.13(e).² Hydrocodone with acetaminophen is a
4 dangerous drug pursuant to California Business and Professions Code section 4022 and is a
5 Schedule II controlled substance pursuant to California Health and Safety Code section 11055,
6 subdivision (b).

7 16. Tylenol with Codeine is an opioid medication classified a Schedule III Controlled
8 Substance pursuant to California Health and Safety Code section 11056(e)(2) and a Dangerous
9 Drug as defined by California Business and professions Code section 4022.

10 17. Lyrica (pregabalin) is an anti-epileptic and/or anti-convulsant drug sometimes
11 used to treat restless leg syndrome. It is a Dangerous Drug as defined by California Business and
12 Professions Code section 4022.

13 18. Zanaflex (tizanidine) is a muscle relaxant medication. It is a Dangerous Drug as
14 defined by California Business and Professions Code section 4022.

15 19. Depakote, the trade name for divalproex sodium, is a drug that can treat seizure
16 disorders. It is a Dangerous Drug as defined by California Business and Professions Code section
17 4022.

18 20. Trazodone Hydrochloride, the generic name for Oleptro and Desyrel, can treat
19 major depression. It is a Dangerous Drug as defined by California Business and Professions
20 Code section 4022.

21 21. Gabapentin, the generic name for Neurontin which can control seizures. It is a
22 Dangerous Drug as defined by California Business and Professions Code section 4022.

23 22. Xopenex Inhaler, is a short acting bronchodilator that relaxes the muscles in the
24 airways. Van be used to treat COPD. It is a Dangerous Drug as defined by California Business
25 and Professions Code section 4022.

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27 ² On October 6, 2014, Hydrocodone combination products were reclassified as Schedule II controlled
28 substances. Federal Register Volume 79, Number 163. Code of Federal Regulations Title 21 section 1308.12.

**FIRST CAUSE FOR DISCIPLINE
(Gross Negligence-Patient W.W.)**

23. Respondent has subjected her license to disciplinary action under sections 3527, 3502, 3502.1, 2234, subdivision (b), and Title 16 CCR section 1399.545 for unprofessional conduct in that she was grossly negligent. The circumstances are as follows:

24. On or about November 15, 2011, to October 11, 2012, Respondent was employed by Dr. Harold S. Budhram at 5145 Shasta Dam Road, Shasta Lake, CA (hereinafter referred to as the "Shasta Lake Office"). In or about July 1, 2012 through December 31, 2012 the Department of Health Services conducted a field audit of Dr. Budhram's medical practice and found that under the period of review that Dr. Budhram's supervision of Respondent as a P.A. was inadequate. On or about December 9, 2013, the Department of Health Services wrote a letter to both the Medical Board and the Physician Assistant Board indicating that their audit revealed that there was a lack of protocols pertaining to the PA's care of patients (including furnishing protocols), a lack of physician co-signature on the PA's charts, particularly on visits involving transmission of Schedule II drug orders, and a delegation of services agreement that was inconsistent with the clinical practice.

25. Though Dr. Budhram had a delegation of services agreement with Respondent, he did not have any written protocols or formularies for Respondent's prescribing practices. In addition, Respondent had not taken a required prescribing course which is necessary if she was going to prescribe to patient's independently of having Dr. Budhram approve and co-sign each of the patient charts.

26. On or about August 7, 2012, Respondent undertook the care of Patient W.W., a 52-year-old male who recently fell on a log and scratched his leg, the wound on his thigh was to be treated with antibiotics, he requested a dermatology referral for jock itch and had ongoing COPD, and essential tremor. Respondent renewed prescriptions for 90 Lorcet 650 mg-10 mgs, 90 Depakote 500 mg; 60 Ativan 1 mg., 30 Trazodone Hydrochloride 50 mg, 90 Gabapentin 300 mgs, and Xopenex Inhaler 45 mcg/inh. The chart note is not signed or dated by supervising physician Harold Budhram M.D.

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1 27. On or about August 21, 2012, Respondent again saw Patient W.W. for a requested
2 increase in the patient's Lorcet. The chart note was not signed by either Respondent nor her
3 supervising physician. On or about September 19, 2012, Respondent saw Patient W.W. with an
4 attitude problem which may be due to medication, and a complaint of constipation. The chart
5 note is not signed or dated by supervising physician.

6 28. On or about September 24, 2012, Respondent saw Patient W.W. again. The patient
7 had a concern over his lab results as he had a history of Hepatitis C and had a liver biopsy
8 pending. The patient also complained of hesitancy and difficulty emptying his bladder. The
9 duration of this symptom was not recorded. The patient denied any abdominal pain or visible
10 blood in his urine. The record of the visit also shows that the patient had trace red blood cells in
11 his urine at the last office visit and that his liver enzymes were elevated AST/ALT³ at 65 and 68.
12 Labs for the previous visit show red blood cell count of 3.8 (normal is 4.4-5.6) and the MCV and
13 MCH⁴ are elevated but the values are not documented. No neurological nor rectal examination
14 was performed. Respondent's impression was chronic hepatitis C, Anemia unspecified and
15 Hematuria. Respondent's treatment plan was a referral to urology with a CT scan of ureters and
16 bladder. The chart note is not signed or dated by supervising physician.

17 29. Respondent has subjected her license to disciplinary action under section 3527 and
18 2234, subdivision (b), for unprofessional conduct in that she was grossly negligent. As set forth
19 above in paragraphs 24-28 above, Respondent was grossly negligent in her overall care and
20 treatment of Patient W.W. for each of the acts including but not limited to the following:

21 a. Respondent failed to do a proper history, exam and documentation of even a basic
22 work up for a patient with a complaint of urine retention. Urine retention is not listed in the final
23 diagnosis.

24 b. Failing to provide documentation for diagnosis of hematuria.

25 c. Failing to provide documentation for the diagnosis of anemia.

26 ³ AST stands for aspartate aminotransferase and ALT is alanine aminotransferase each helps determine if the
27 liver is diseased or damaged.

28 ⁴ MCV stands for mean corpuscular volume (the measurement of the average size of a single red blood cell)
and MCH is the mean corpuscular hemoglobin concentration or amount of hemoglobin per each red blood cell.

1 d. Failing to present the patient's history and exam findings to the supervising
2 physician and her failure to do so meant that she treated this patient outside the parameters of her
3 delegation of services agreement with Dr. Budhram.

4
5 **SECOND CAUSE FOR DISCIPLINE**
(Repeated Negligent Acts-Patient W.W.)

6 30. Respondent has subjected her license to disciplinary action under section 3527, 3502,
7 3502.1, 2234, subdivision (c), and Title 16 CCR section 1399.545 for unprofessional conduct in
8 that she engaged in repeated negligent acts in the care and treatment of Patient W.W. as follows:

9 31. Paragraphs 24 through 28 above are repeated here as if fully set forth.

10 32. Respondent was repeatedly negligent as a physician assistant in her care and
11 treatment of Patient W.W. including, but not limited to the following:

12 a. Failing to have the supervising physician sign the chart note for August 7, 2012,
13 particularly in light of the fact that Respondent authorized the refill of Schedule II controlled
14 substance medication.

15 b. Failing to sign and have the supervising physician sign the chart note for August 21,
16 2012.

17 c. Failing to have the supervising physician sign the chart note for September 19, 2012.

18 d. Failing to have the supervising physician sign the chart note for September 24, 2012.

19
20 **THIRD CAUSE FOR DISCIPLINE**
(Repeated Negligent Acts-Patient R.H.)

21 33. Respondent has subjected her license to disciplinary action under section 3527, 3502,
22 3502.1, 2234, subdivision (c), Title 16 CCR sections 1399.549 and 1399.610 for unprofessional
23 conduct in that she engaged in repeated negligent acts in the care and treatment of Patient R.H.
24 as follows:

25 34. On or about September 18, 2012, Respondent undertook the care of Patient R.H., a 49
26 year old male who was again asking for nitroglycerin because of concern that his heart stops.
27 The record noted that the patient had been to cardiology about this concern previously but the
28 patient did not recall the visit. This patient had a history of Paranoid Schizophrenia and was a

1 poor historian. Respondent's plan was to obtain old records from the cardiology visit to discuss
2 with the patient. Respondent noted that prescriptions were refilled but did not note which drugs
3 as the patient was taking at least four different medications including 90 Tylenol with Codeine
4 300 mg-30mg. The chart note is not signed or dated by supervising physician.

5 35. On or about October 9, 2012, Respondent again saw Patient R.H. to discuss heart
6 issues and to get medication refills. This time all medications were refilled. The chart note is not
7 signed or dated by supervising physician.

8 36. Respondent was repeatedly negligent as a physician assistant in her care and
9 treatment of Patient R. H. including, but not limited to the following:

10 a. Failing to have the supervising physician sign the chart note for September 18, 2012,
11 particularly in light of the fact that Respondent authorized the refill of Schedule III controlled
12 substance medication.

13 b. Failing to list which medications were refilled on September 18, 2012.

14 c. Failing to sign and have the supervising physician sign the chart note for October 9,
15 2012 particularly in light of the fact that Respondent authorized the refill of Schedule III
16 controlled substance medication.

17 **FOURTH CAUSE FOR DISCIPLINE**
18 **(Gross Negligence-patient D.C.)**

19 37. Respondent has subjected her license to disciplinary action under sections 3527,
20 3502, 3502.1, 2234, subdivision (b), and Title 16 CCR sections 1399.549 and 1399.610 for
21 unprofessional conduct in that she was grossly negligent. The circumstances are as follows:

22 38. On or about September 10, 2012, Respondent undertook the care of patient D.C., a
23 47-year-old male, to discuss his medications, his chronic pain and to reduce the drug gabapentin
24 due to bladder retention. D.C. was taking many medications including OxyContin
25 Hydrochloride, 15 mg, and Methadone Hydrochloride 10 mg, both Schedule II controlled
26 substance. Respondent discontinued the Trazadone prescription for D.C. and started the patient
27 on Meloxicam 7.5 mg once a day and Sinequan 75 mg daily. Respondent failed to have her
28 supervising physician cosign the chart note.

1 39. This patient was again seen by Respondent on or about September 27 2012, to discuss
2 worsening lower back, buttock, hip and right leg pain. In addition, the patient complained about
3 body jerking at night with Doxipen (should be Doxepin) and urine retention. The patient related
4 to Respondent that his urination symptoms were positional. The patient's medications are listed
5 as: Lidoderm patch apply one patch q 12 hrs prn; Meloxicam 7.5 mg one q day; Oxycodone
6 hydrochloride 15 mg one BID; Pamelor 50 mg one bid; docusate sodium 250 mg one bid;
7 Xanax 4 mg one bid prn spasm; Claritin 10 mg one a day; Methadone hydrochloride 10 mg
8 one tid; Norco 10/325 mg one QID; Cymbalta 30 mg one a day.

9 40. For this appointment, it was documented that this patient had a past surgical history
10 including neck fusion at two levels in 2003, right sciatica, thoracic and lumbar spine pain,
11 shoulder dislocation, low back syndrome and left scapula bone spurs removed in 1991.
12 Respondent's documentation of patient D.C.'s exam was templated with no gait exam described,
13 no other reflexes were described other than patellar, and no rectal exam described. There is no
14 documentation that any lab or imaging studies were ordered.

15 41. Respondent's impression for this patient was displacement of Lumbar Intervertebral
16 Disc without Myelopathy. Respondent instructed D.C. to remove his Lidoderm patches,
17 prescribed Lyrica 25mg bid for possible restless leg syndrome, stopped the patient's Neurontin
18 and Doxepin and increased the Zanax without consultation with her supervising physician.

19 42. Respondent has subjected her license to disciplinary action under section 3527 and
20 2234, subdivision (b), for unprofessional conduct in that she was grossly negligent. As set forth
21 above in paragraphs 38-41 above, Respondent was grossly negligent in her overall care and
22 treatment of Patient D.C. for each of the acts including but not limited to the following:

23 a. Failing to have the supervising physician sign the chart note for both September 10,
24 2012 and September 27, 2012, particularly in light of the fact that Respondent reviewed the use
25 of schedule II controlled substances and where new drugs were prescribed and others
26 discontinued.

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1 b. Respondent failed on September 27, 2012, to do a complete neurological exam; order
2 appropriate lab and imaging studies and obtain the supervising physician consult on a patient who
3 presents with an inability to urinate, involuntary body movements and sciatica symptoms with a
4 past history of spinal surgery and a current history of poly-pharmacy.

5 **SIXTH CAUSE FOR DISCIPLINE**
6 **(Repeated Negligent Acts Negligence-Patient D.W. and D.C.)**

7 43. Respondent has subjected her license to disciplinary action under section 3527, 3502,
8 3502.1, 2234, subdivision (c), and Title 16 CCR sections 1399.549 and 1399.610 for
9 unprofessional conduct in that she engaged in repeated negligent acts in the care and treatment of
10 Patient D. W. as follows:

11 44. On or about September 6, 2012, Respondent undertook the care of patient D.W. a 47-
12 year-old woman for a well woman examination. The patient complained about pain with
13 intercourse and pelvic cramps a day after intercourse. Respondent performed a pelvic exam and
14 found that the patient had vaginitis and vulvovaginitis, pelvic dyspareunia secondary to adhesions
15 and endometriosis. Respondent prescribed Diflucan 150 mg tablet for the vaginitis and sent urine
16 cultures for Chlamydia and Gonorrhea. Respondent also renewed the patient's prescription for
17 Norco 325 mg.

18 45. On or about September 19, 2012, patient D.W. was again seen by Respondent to
19 complete the well woman exam. This patient had an additional complaint of urine frequency and
20 urination discomfort. The patient related that her husband was recently treated for a urinary tract
21 infection. Respondent's assessment was urinary tract infection and the patient was started on
22 Bactrim DS antibiotic, which was then changed to macrobid antibiotic due to the patient not
23 tolerating the Bacterim.

24 46. Respondent was repeatedly negligent as a physician assistant in her care and
25 treatment of Patient D.W. including, but not limited to the following:

26 a. Failing to have the supervising physician sign the chart note for September 6, 2012,
27 particularly in light of the fact that Respondent reviewed the use of scheduled controlled, refilled
28 a Schedule III controlled substance and prescribed new drugs.

b. Failing to have the supervising physician sign the chart note for September 19, 2012, particularly in light of the fact that Respondent reviewed the use of scheduled controlled substances and where new drugs were prescribed.

c. Treating a urinary tract infection with no laboratory confirmation of infection on September 19, 2012.

47. Paragraphs 38-41, above are repeated here as if fully set forth.

48. Respondent was negligent as a physician assistant in her care and treatment of Patient D.C. including, but not limited to the following:

a. Failing to have the supervising physician sign the chart note for September 10, 2012, particularly in light of the fact that Respondent reviewed the use of controlled substances and where new drugs were prescribed.

b. Failing to have the supervising physician sign the chart note for September 27, 2012, particularly in light of the fact that Respondent reviewed the use of scheduled controlled substances and where new drugs were prescribed.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Physician Assistant Board issue a decision:

1. Revoking or suspending Physician Assistant License No. PA 18737, issued to Respondent Sarah Joi Craft.;

2. Ordering Respondent Sarah Joi Craft to pay the Physician Assistant Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

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3. Taking such other and further action as deemed necessary and proper.

DATED: December 12, 2016



MAUREEN L. FORSYTH
Executive Officer
Physician Assistant Board
Department of Consumer Affairs
State of California
Complainant

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